2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# N37019

Entity Name: HALLANDALE CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

220 SW 6TH AVE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

220 SW 6TH AVE
HALLANDALE, FL 330095322

New Mailing Address:

FEI Number: 65-0219498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RALLIFORD, CATHERINE
8704 WEST SAMPLE RD
#8
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	DESSIEUX, LUC	
Address:	220 SW 6TH AVE	
City-St-Zip:	HALLANDALE, FL 330095322	
Title:	D	( ) Delete
Name:	RALLIFORD, CATHERINE	
Address:	8704 WEST SAMPLE RD #8	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	DP	( ) Delete
Name:	OHARA, DEE	
Address:	100 SE 2ND AVE	
City-St-Zip:	FT LAUDERDALE, FL	
Title:	D	( ) Delete
Name:	WELCH, ELEANOR	
Address:	2414 NE 13 COURT	
City-St-Zip:	FT LAUDERDALE, FL	
Title:	D	( ) Delete
Name:	SMART, MARGARET	
Address:	5081 SW 28 AVE	
City-St-Zip:	DANIA BEACH, FL	
Title:	D	( ) Delete
Name:	KING, DELBERT	
Address:	118 SE 1ST AVE	
City-St-Zip:	DANIA BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE RALLIFORD MRS. 02/15/2007

Electronic Signature of Signing Officer or Director — Date